

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 282

## 1. PLACE OF DEATH:

County St. Mary'sCity or town Leonardtown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary'sCity or town Mechanicsville P.F.D.  
(If outside city or town limits, write RURAL and give nearest town)Street No. L  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

## 3. (b) Social Security Number

## 4. Sex

## 5. Color or race

## 6. (a) Single, married, widowed, or divorced

male colored married6. (b) Name of husband or wife Joe Ann6. (c) If alive, give age 39 years

## 7. Birth date of

deceased (mo., day, yr.) October 30, 1898

## 8. AGE:

Years

Months

Days

If less than one day

49

hrs.

min.

## 9. Birthplace

Maryland  
(Town, county, and state)

## 10. Usual occupation

Farmer

## 11. Industry or business

## FATHER

## 12. Name

James C. Bankins

## 13. Birthplace

Maryland

## MOTHER

## 14. Maiden name

Elizabeth Thomas

## 15. Birthplace

Maryland

## 16. Informant

Joe Ann Bankins

## Address

Mechanicsville, Md.

## 17. Burial

(Burial, cremation, or removal. Which?)

## Date thereof

6/11/47  
(month) (day) (year)

## Cemetery or crematory

St. Joseph

## Location

Maryland, Md.

## 18. Funeral director

P. B. Robinson

## Address

Leonardtown

## 19. (Date rec'd by registrar)

6/13/47

19.

Causality

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

June 121947 at 3:30 A.M.

## 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

5/121947 to 6/121947and that I last saw him alive on June 121947

## Immediate cause of death

## DURATION

metastatic carcinoma8 mo

## Due to

Carcinoma of Stomach1 year

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Carcinoma of Stomach with local and distant metastasisDate of op. 5/22/47

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

John J. Law MD.

M. D. or other

Address

Leonardtown Md.Date signed 6/12/47

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JUN 16 1947

BUREAU 78

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

## CERTIFICATE OF DEATH

05288

Reg. Diat. No. 281

## 1. PLACE OF DEATH:

County... St. Marys  
 City or town... Rural, Dameron  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 57 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... St. Mary's  
 City or town... Rural, Dameron  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mary Clara Biscoe

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female Black Widowed

6. (b) Name of husband or wife Nicholas Biscoe

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1856

8. AGE: Years Months Days It less than one day  
90 9 28 \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Gullent Green, Md.  
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Alexander Young13. Birthplace Maryland14. Maiden name Henrietta Wills15. Birthplace Maryland16. Informant McKinley BiscoeAddress Dameron, Md.17. Burial Date thereof June 14, 47  
(Burial, cremation, or removal) (Which?) (month) (day) (year)Cemetery or crematory St. Peter's CemeteryLocation Ridge, Md.18. Funeral director E. L. RobinsonAddress Dameron Md.19. June 15 - 1947  
(Date rec'd by registrar)20. Local Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 13, 1947, at 6:45 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1940, to June 13, 1947and that I last saw her alive on June 13, 1947

Immediate cause of death \_\_\_\_\_ DURATION

Coronary sclerosis 5 yearsDue to General arteriosclerosis 10 years

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Manner of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE P. J. Bean, M.D. M. D. or otherAddress Great Mills, Md. Date signed 6-15-47

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JUN 17 1947

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

05289

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County St. Mary'sCity or town Dark Hall Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary'sCity or town Dark Hall Md.  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Alice B. Bryant

## 3. (b) Social Security Number

4. Sex female5. Color or race Colored6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife George Bryant6. (c) If alive, give age 87 years7. Birth date of deceased (mo., day, yr.) April 20, 18808. AGE: Years 67 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Maryland  
(Town, county, and state)10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name Isaac Briscoe13. Birthplace Maryland14. Maiden name Unknown15. Birthplace Unknown16. Informant Catherine CliftonAddress Baltimore, Md.17. Burial Date thereof 6/23/47  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Glen FairLocation Bellevueville, Md.18. Funeral director O. L. RobinsonAddress Danvers Md.19. 67 47 Cremation  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1947 at 9:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

when he was ill 1947and that I last saw him alive on June 21st 1947Immediate cause of death Coronary thrombosis DURATION \_\_\_\_\_Due to Age and arterial sclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

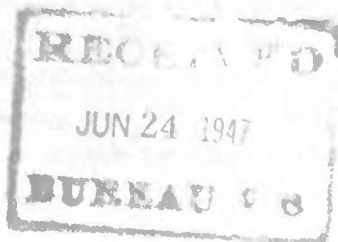
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Francis F. Greenwell M. D. or other \_\_\_\_\_Address Leonardtown, Md. Date signed 6-23-47



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1600

05290

## CERTIFICATE OF DEATH

Reg. Dist. No. 286

### 1. PLACE OF DEATH:

County St. Mary's  
City or town St. Mary's  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 3 wks  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State MD County St. Mary's  
City or town St. Mary's  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 100  
(If rural, give LOCATION)  
2. (a) If veteran, name war

### 3. (a) FULL NAME

Charles Edward Og

### 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

### 6. (b) Name of husband or wife

James Thomas Og

7. Birth date of deceased (mo., day, yr.) 6-3-47 6. (c) If alive, give age 19 years

8. AGE: Years 19 Months 0 Days 3 If less than one day 3 hrs. 0 min.

9. Birthplace St. Mary's, Md.  
(Town, county, and state)

10. Usual occupation Student

### 11. Industry or business

St. Mary's Hospital

12. Name James Thomas Og

13. Birthplace Richmond, Va.

14. Maiden name Carolyn Lucia Thomas

15. Birthplace St. Mary's, Md.

16. Informant Charles Edward Og

Address St. Mary's Hospital

17. Burial Date thereof 6-3-47  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sacred Heart

Location St. Mary's Hospital

18. Funeral director Harold and Thomas

Address St. Mary's Hospital

19. 6-3-47 19 47 N. V. Palmer  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

2D. DATE OF DEATH 6-3-47 at 10:17 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him on 6-3-47 at 10:17

Immediate cause of death heart attack DURATION 1

Due to heart attack

Due to heart attack

Other conditions none

(Include pregnancy within 8 months of death)

Major findings of operations none

Date of op. none

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide none Date of none

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) none

Means of injury none Injured at work? none

23. SIGNATURE Robert P. Packer M. D. or other

Address St. Mary's Hospital Date signed 6-3-47

MARGIN RESERVED FOR BINDING

VS A15

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

05291

## CERTIFICATE OF DEATH

Reg. Dist. No. 281

## 1. PLACE OF DEATH:

County St. Mary'sCity or town Hermanville  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 12 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary'sCity or town Rural, Hermanville  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Philip Briscoe Dyson

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Fannie Dyson

7. Birth date of deceased (mo., day, yr.)

7-16-1883

8. AGE:

Years

Months

Days

If less than one day

631018

hrs.

min.

9. Birthplace

Great Mills, Md.  
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

MOTHER

FATHER

12. Name

Jeff Dyson

13. Birthplace

Maryland

14. Maiden name

Lucy Brown

15. Birthplace

Maryland

16. Informant

Howard Dyson

Address

Hermanville, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

6-7-47  
(month) (day) (year)

Cemetery or crematory

Holy Face Cemetery

Location

Great Mills, Md.

18. Funeral director

P. B. Robinson

Address

Lionardtown, Md.

19. June 4, 1947

(Date rec'd by registrar)

P. B. Robinson  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 4, 1947, at 11:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 4, 1947, to June 4, 1947and that I last saw him alive on June 4, 1947

Immediate cause of death

DURATION

Coronary Thrombosis1 hour

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P. B. Robinson, M.D.

M. D. or other

Address

Great Mills, Md.

Date signed

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JUN 7 1947  
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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

## CERTIFICATE OF DEATH

Reg. Dist. No. 05292

## 1. PLACE OF DEATH

County St. Mary's  
 City or town Lanham (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 6 months  
 Hospital, institution, or street address where death occurred:  
Machanawille Md  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Baltimore  
 City or town Chesapeake (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Rural near Lanham (If rural, give LOCATION)  
 2(a) If veteran, name war

## 3. (a) FULL NAME

Lida Jandones

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced widow  
 6. (b) Name of husband or wife  
 7. Birth date of deceased (mo., day, yr.) June 9 - 1872 8. (c) If alive, give age \_\_\_\_\_ years  
 8. AGE: Years 74 Months 11 Days 30 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Jacobsville St. Mary's Md (Town, county, and state)  
 10. Usual occupation Home wife

## 11. Industry or business

12. Name McKelvey B. Hammett  
 13. Birthplace St. Mary's Co  
 14. Maiden name Clacker Hammett  
 15. Birthplace St. Mary's Co

16. Informant Mrs. Luther Dean Sr  
 Address Machanawille Md

17. Burial Date thereof June 10, 1947 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Trinity Chapel  
 Location Holly Wood Md

18. Funeral director W. C. Mattingly Son  
 Address Leonardtown Md

19. Ohio #7 Cavalier  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1947, at 9:30 AM

21. I CERTIFY that death occurred on the date above stated; that I was deceased from \_\_\_\_\_ 19\_\_\_\_ at June 8 1947  
 and that I last saw him 14 alive about day 14 1946

Immediate cause of death Paralysis of heart acute DURATION 2 min

Due to Myocardial thromb 3 yrs

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Francis F. Greenwell M. D. or other  
 Address Leonardtown Date signed 6-8-47

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JUN 12 1947

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

05293

## CERTIFICATE OF DEATH

Reg. Diat. No. 282

### 1. PLACE OF DEATH:

County St. Mary's  
City or town Morgantown Md  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's  
City or town Morgantown Md  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war.

### 3. (a) FULL NAME

Anna May Graver Love

### 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife B. B. Love Sr 6.(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) March 4 - 1871

8. AGE: Years 76 Months 3 Days 8 If less than one day  
hrs. min.

9. Birthplace Morgantown St. Mary's Md  
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Louis Graver

13. Birthplace St. Marys Co

MOTHER 14. Maiden name Elizabeth Ronte

15. Birthplace St. Marys Co

16. Informant B. B. Love Sr

Address Morgantown Md

17. (Burial, cremation, or removal. Which?) Buried Date thereof June 14 - 1947  
(month) (day) (year)

Cemetery or crematory St. Joseph

Location Morgantown Md

18. Funeral director W. C. Mattingly Son

Address Leonardtown Md

19. 6/13/47 Census

(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 19 47 at 2:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 6 19 43 to June 12 19 47

and that I last saw him alive on May 29 19 47

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D. B. Johnson

Address Morgantown Md

Date signed June 13/47

M. D. or other

Address

Date signed

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VS A15 9-25-15

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 138

## CERTIFICATE OF DEATH

Reg. Dist. No. 286

## 1. PLACE OF DEATH:

County St. Mary's  
 City or town Patuxent  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? all time  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County St. Mary's  
 City or town Patuxent  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Max Lawrence Mason

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) 8-3-1916 8. (c) If alive, give age \_\_\_\_\_ years8. AGE: 30 Years 10 Months 7 Days If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Patuxent, Md.  
(Town, county, and state)

10. Usual occupation \_\_\_\_\_

11. Industry or business Designing12. Name James Edward Mason13. Birthplace Patuxent14. Maiden name Elizabeth Hill15. Birthplace Patuxent16. Informant Benjamin HillAddress Patuxent17. Patuxent Date thereof 6-14-17

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Mary'sLocation Patuxent18. Funeral Director St. Mary'sAddress Patuxent19. 6-14-17 19. 17 Benjamin Hill

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 6-10-1947 at 10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from \_\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

and that I last saw deceased on 6-10-1947Immediate cause of death Pneumonia DURATION \_\_\_\_\_probableDue to thrombophlebitispneumoniaDue to addition

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Benjamin Hill M. D. or other \_\_\_\_\_Address Patuxent Date signed 6-14-17



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 55d

## CERTIFICATE OF DEATH

05295

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County St. Marys  
 City or town Leonardtown Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 26 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County St. Marys  
 City or town Leonardtown  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) if veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Nettie Eulalia Mattingly

## 3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced married  
 6. (b) Name of husband or wife A. J. Mattingly 6. (c) If alive, give age 68 years  
 7. Birth date of deceased (mo., day, yr.) June 25 - 1884  
 8. AGE: Years 62 Months 11 Days 19 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
 9. Birthplace Medley Neck St. Marys Md  
 (Town, county, and state)  
 10. Usual occupation house wife  
 11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name James C. Wise  
 13. Birthplace St. Marys Co  
 14. Maiden name Margaret Medley  
 15. Birthplace St. Marys Co

16. Informant A. J. Mattingly  
 Address Leonardtown Md

17. Burial Date thereof June 14 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Our Lady's Chapel  
 Location Medley Neck Md

18. Funeral director W. C. Mattingly Sons  
 Address Leonardtown Md

19. June 13 1947 Registrar  
 (Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 - 1947 at 12:45 P. M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 11 1947 to June 12 1947  
 and that I last saw him alive on June 11 1947  
 Immediate cause of death Carcinoma of Left Testis and bones of neck  
 DURATION \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_  
 Autopsy results \_\_\_\_\_  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. F. Greenwell M. D. or other \_\_\_\_\_  
 Address Leonardtown Md Date signed 6-13-47

RECEIVED

JUN 16 1947

BUREAU V 8

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05296

Reg. Dist. No. 282

### 1. PLACE OF DEATH:

County St. Mary's  
City or town Leonardtown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?  
Hospital, institution, or street address where death occurred:  
St. Mary's Hosp.  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County St. Mary's  
City or town St. Inigoes  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. C  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Mamie E. Mc Kay

### 3. (b) Social Security Number

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed  
6.(b) Name of husband or wife  
6.(c) If alive, give age years  
7. Birth date of deceased (mo., day, yr.) Sept. 15 1874  
8. AGE: Years 73 Months Days If less than one day hrs. min.

9. Birthplace Maryland  
(Town, county, and state)  
10. Usual occupation none  
11. Industry or business

MOTHER 12. Name Dominic Galey  
FATHER 13. Birthplace Maryland  
14. Maiden name Alice Talton  
15. Birthplace Maryland  
16. Informant Myrtle M. Owens  
Address St. Inigoes Md.  
17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof 6/10/47  
(month) (day) (year)  
Cemetery or crematory St. Michael's  
Location Bridge Md.  
18. Funeral director P.B. Robinson  
Address Leonardtown  
19. 6/8/47 Registrar

### MEDICAL CERTIFICATION

2D. DATE OF DEATH June 7 1947 at 11 A.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 13 1947 to June 7 1947  
and that I last saw him alive on June 7 1947  
Immediate cause of death metastatic carcinoma of liver DURATION 10 mos.  
Due to Carcinoma of head of pancreas 10 mos.  
Due to  
Other conditions chronic jaundice 2 mos.  
(Include pregnancy within 3 months of death)

Major findings of operations  
Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?  
23. SIGNATURE Julian J. Lane M.D. M. D. or other  
Address Leonardtown, Md. Date signed 6/8/47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 10 1947

BUREAU V B

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05297

## CERTIFICATE OF DEATH

Reg. Dist. No.

281

### 1. PLACE OF DEATH:

County St Marys  
City or town Leonardtown  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 4 weeks  
Hospital, institution, or street address where death occurred:  
Leonardtown Maryland  
How long in hospital or institution? 4 weeks

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys  
City or town Leonardtown  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Rt 7. Box 2  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

George Henry Payne

### 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Catharine M. Payne

6. (c) It alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Dec 21 - 1868

8. AGE: Years 78 Months 6 Days 8 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Oakville St Marys Md.  
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Payne

13. Birthplace St Marys Co

14. Maiden name Maria B. Payne

15. Birthplace St Marys Co

16. Informant Joseph L. Payne

Address Drayden Maryland

17. Burial Date thereof July 1 - 1947  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St Georges Cemetery

Location Valley Lee Maryland

18. Funeral director W P Mathis

Address Leonardtown Md

19. June 30 - 47 (Date rec'd by registrar)

P. J. Beans Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1947 at 2:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 26 1947 to June 29 1947

and that I last saw him alive on June 29 1947

Immediate cause of death Carcinoma of Stomach

Due to

Due to

Other conditions Intestinal obstructions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thos J. Pankratz M. D. or other

Address Lifington Park Ind Date signed 6-29-47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15N

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 5 1947

BUREAU 8



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1818

05298

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County St. Mary's  
 City or town Leonardtown  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
St. Mary's Hosp.  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Charles  
 City or town Rural (Charlottesville)  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 1  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war ✓

## 3. (a) FULL NAME

Margaret E. Baley

## 3. (b) Social Security Number

4. Sex Female 5. Color of race white 6. (a) Single, married, widowed, or divorced widowed

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 12 1863

8. AGE: 84 Years 19 Months 1 Day 1 It less than one day 1 hr. 1 min.

9. Birthplace Maryland  
 (Town, County, and state)

10. Usual occupation none

## 11. Industry or business

12. Name William Goodwin

13. Birthplace Maryland

14. Maiden name Elizabeth Cecil

15. Birthplace Maryland

16. Informant Robert W. Baley

Address Mechanicville, Md.

17. Burial Date thereof 6/19/47  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Johns

Location Hollywood, Md.

18. Funeral director R. B. Robinson

Address Leonardtown, Md.

19. 68 47 Cecil  
 (Date fee'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1947, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on June 6 1947

Immediate cause of death

hemia  
 Due to Chronic suppurative

Due to Respiratory

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Robert V. Fuchs M.D.  
 Address Leonardtown, Md. Date signed 6/6/47

DURATION

Several  
days  
not  
known

RECEIVED

JUN 10 1947

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05299

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

County St Marys  
 City or town Mechanicsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County St Marys  
 City or town Mechanicsville  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Ida Lavinia Reintzell

## 3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Lewis W. Reintzell

7. Birth date of deceased (mo., day, yr.)

Feb 16 - 1877

8. AGE: Years Months Days If less than one day

70 4 2 hrs. min.

9. Birthplace

Mechanicsville St Marys Md  
(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

James A. Pilkerton

12. Name

St Marys Co

13. Birthplace

Mary Ann Inade

14. Maiden name

St Marys Co

15. Birthplace

Mrs Regina A. Johnson

16. Informant

Address

Hughesville Md

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Burial June 22, 1947

Cemetery or crematory

St Joseph Cemetery

Location

Morgansville Md

18. Funeral director

W. C. Matthews &amp; Son

Address

Leonardtown Md

19. (Date rec'd by registrar)

6/19 47

Registrar

Cavalier

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1947 at 7:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 16 1947 to June 18 1947

and that I last saw her alive on June 16 1947

Immediate cause of death

Cardiac Failure (Coronary Thrombosis)

Due to Cardio-Hepato-Renal Disease

Anemia

Due to Carcinoma of Right Lung

Other conditions Non-toxic Goiter

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Francis J. Crilly, D.M.D.

Address

Hughesville, Md.

Date signed

6-18-47

ANTHONY CO. INC.

RAG CONTENT

RECEIVED  
JUN 20 1947  
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

## CERTIFICATE OF DEATH

05300

Reg. Dist. No. 281

## 1. PLACE OF DEATH:

County St. Mary's  
 City or town Rural Scotland  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's  
 City or town Rural Scotland  
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Infant Ridgell

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Single

6. (b) Name of husband or wife

6. (c) If alive, give age. years

7. Birth date of deceased (mo., day, yr.) June 10 19478. AGE: Years Months Days If less than one day  
1 hrs. 30 min.9. Birthplace Scotland, Md.  
(Town, county, and state)10. Usual occupation none

11. Industry or business

12. Name Fernison, Ridgelle13. Birthplace Scotland, Md.14. Maiden name Olive Cooper15. Birthplace Valley Lee, Md.16. Informant Mrs. Fernison RidgelleAddress Scotland, Md.17. Burial Date thereof June 11-47  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Michaels CemeteryLocation Ridge, Md.18. Funeral director Fernison, RidgelleAddress Scotland, Md.19. June 10 47 (Date rec'd by registrar)P. J. Beary, M.D. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1947 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 10 1947 to June 10 1947and that I last saw him alive on June 10 1947

Immediate cause of death

DURATION

Premature birth 4 1/2 mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. J. Beary, M.D. M. D. or otherAddress Great Mills, Md. Date signed 6-10-47

RECEIVED

JUN 17 1947

BUREAU 18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

05301

## CERTIFICATE OF DEATH

Reg. Dist. No. 281

## 1. PLACE OF DEATH:

County St Marys  
 City or town Valley Lee Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 49 years  
 Hospital, institution, or street address where death occurred:  
Valley Lee Maryland  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys  
 City or town Valley Lee  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Joseph Russell  
 4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Mary J. Russell  
 6. (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Feb 21 - 1869

8. AGE: Years 78 Months 4 Days 8 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Maryland St Marys Maryland  
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name William J. Russell

13. Birthplace St Marys Co

14. Maiden name Ann Cullen

15. Birthplace St Marys Co

16. Informant Mrs Mary J. Russell

Address Valley Lee Maryland

17. Burial Date thereof July 1 - 1947  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St George Cemetery

Location Valley Lee Maryland

18. Funeral director W. C. Mattingly Sons

Address Leonardtown Maryland

19. 6-30-47 pg Bray MD  
 (Date rec'd by registrar) Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1947 at 4:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 20 1947 to June 29 1947 and that I last saw him alive on June 29 1947

Immediate cause of death \_\_\_\_\_ DURATION

Coronary sclerosis 3 years

Due to General arterio sclerosis 5 years

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

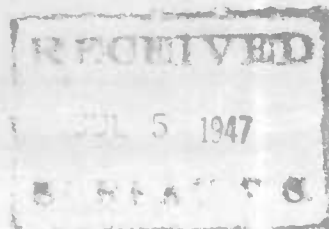
Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work?

23. SIGNATURE pg Bray MD M. D. or other

Address Great Mills Md Date signed 6-30-47





# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

## CERTIFICATE OF DEATH

05302

Reg. Dist. No. 282

### 1. PLACE OF DEATH:

County St. Mary's

City or town Leonardtown  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

St. Mary's Hospital

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's

City or town Piney  
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1  
(If rural, give LOCATION)

2. (a) If veteran, name war.

### 3. (a) FULL NAME

Infant Shatto

### 3. (b) Social Security Number

4. Sex

Male

5. Color or race

W

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

June 17, 1947

6. (c) If alive, give age. years

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

4 days

hrs. min.

9. Birthplace

St. Mary's Hospital  
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Harry Eugene Shatto

13. Birthplace

Altoona, Penna

MOTHER

14. Maiden name

Helen Marie Barnes

15. Birthplace

Altoona, Penna

16. Informant

Hosp. Records

Address

Leonardtown

17. Disposition

(Burial, cremation, or removal. Which?)

Date thereof 6/20/47  
(month) (day) (year)

Cemetery or crematory

Wm Lee

Location

Washington, D.C.

18. Funeral director

W. B. Robinson

Address

Leonardtown

19.

(Date rec'd by registrar)

1947

Canalis

Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH 6/20 1947 at 5:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to ..... 19.....

and that I last saw him ..... alive on ..... 19.....

Immediate cause of death

DURATION

Prematurity (4 1/2 months pregnancy)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Robert F. Fuchs, M.D.

M. D. or other

Address Leonardtown, Md. Date signed 6/20/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15N

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 23 1947

BUREAU 7.6.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 173

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

05303

1. PLACE OF DEATH:  
County... St. Mary's  
City or town... Patuxent River  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 1 yr 7 months  
Hospital, institution, or street address where death occurred:  
U. S. Naval Air Station  
How long in hospital or institution? Dead upon arrival

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State... Texas County...  
City or town... Phillips  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. Box 555  
(If rural, give LOCATION)  
World War II  
2.(a) If veteran, name war... ☒

### 3. (a) FULL NAME

DONALD EUGENE UMPHRES

### 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single  
6. (b) Name of husband or wife...  
6. (c) If alive, give age... years  
7. Birth date of deceased (mo., day, yr.) 7-1-21  
8. AGE: Years 25 Months 11 Days 3 If less than one day  
hrs. min.

9. Birthplace... Oklahoma  
(Town, county, and state)  
10. Usual occupation Lieutenant  
11. Industry or business U. S. Navy  
12. Name Luther C. Umphres  
13. Birthplace Berry Co. Mo.  
14. Maiden name Nellie Mae Martin  
15. Birthplace Nowata Co. Okla.

16. Informant Official Navy Records  
Address US NAS Patuxent River, Md.

17. Removal Removal Date thereof 6-9-47  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory Amarillo, Texas  
Location P.B. Robinson Funeral Home  
18. Funeral Director Leonardtown, Maryland  
Address  
19. 619 47 Causelins  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH 4 June 19 47 at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
and that I last saw h... alive on...  
Immediate cause of death Injuries, multiple, extreme

Due to Aircraft accident  
Due to...  
Other conditions...  
(Include pregnancy within 3 months of death)

Major findings of operations... Date of op...  
Autopsy results None held  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Accident Date of 6-4-47  
Where did injury occur? US NAS Patuxent River, Maryland  
(City or town) (County) (State)  
Injured at home, farm, industry, public place (where?) Aircraft accident  
Means of injury Paul Vaughan Injured at work? Yes  
23. SIGNATURE Paul Vaughan M. D. or other  
Address US NAS Patuxent River, Md. Date signed 6-4-47

MARGIN RESERVED FOR BINDING

VS A15

9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JUN 12 1947  
BUREAU V 8

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

05304

Reg. Dist. No. 288

### 1. PLACE OF DEATH

County St. Mary's  
City or town Leonardtown Md  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 3 months  
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County St. Mary's  
City or town Holly Wood  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. A. H. P. #1  
(If rural, give LOCATION)  
2. (a) If veteran, name war.

### 3. (a) FULL NAME

Rose Elizabeth Wallace

### 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife a. H. Wallace 6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Aug 12 - 1873

8. AGE: Years 73 Months 10 Days 7 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Leonardtown St. Mary's Md  
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name Alice Redman

13. Birthplace St. Mary's Co

14. Maiden name Mary Redman

15. Birthplace St. Mary's Co

16. Informant Louis Wallace

Address Leonardtown Md

17. Burial, cremation, or removal. Which? Burial Date thereof June 21, 1948  
(month) (day) (year)

Cemetery or crematory St. John's Cemetery

Location Holly Wood, Md

19. Funeral director W. C. Mathis & Sons

Address Leonardtown, Md

19. (Date rec'd by registrar) 6/20/48 Registrar Carroll

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 17, 1947 at 8:35 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10, 1947 to June 14, 1947

and that I last saw him alive on June 12, 1947

Immediate cause of death Anemia DURATION

Due to Cancer of stomach & liver

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Francis F. Greenwell M. D. or other

Address Leonardtown Date signed 6-19-47

MARGIN RESERVED FOR BINDING

VS A15

9.45-15N

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